

LIMITED LIABILITY COMPANY

STATE OF MAINE

**STATEMENT OF INTENTION TO DO
BUSINESS UNDER AN ASSUMED NAME**

(Name of Limited Liability Company)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to 31 MRSA §605.3., the undersigned, a limited liability company (formed under the laws of the State of Maine) (formed under the laws of the State of _____, and authorized to do business in Maine), gives notice of its **intention to do** business in this State under an assumed name:

FIRST: The address of the registered office of the limited liability company in the State of Maine is _____

(street, city, state and zip code)

SECOND: The limited liability company intends to transact business under the assumed name of _____

COMPLETE THE FOLLOWING IF APPLICABLE

THIRD: If such assumed name is to be used at fewer than all of the limited liability company's places of business in this State, the location(s) where it will be used is (are):

☐ Additional locations are attached hereto as Exhibit ____, and made a part hereof.

DATED _____

MANAGER(S)/MEMBER(S)*

(signature)

(type or print name and capacity)

For Manager(s)/Member(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by

- (1) at least one **manager** OR
- (2) at least one **member** if the limited liability company is managed by the **members** OR
- (3) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under Title 17-A, **section** 453.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**